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CONFIRMATION NO. 4962

<b>SERIAL NUMBER</b> 10/762,058	<b>FILING OR 371(c) DATE</b> 01/15/2004 <b>RULE</b>	<b>CLASS</b> 536	<b>GROUP ART UNIT</b> 1645 /	<b>ATTORNEY DOCKET NO.</b> 210121.515D1
<b>APPLICANTS</b> / Ajay Bhatia, Seattle, WA; / Peter Probst, Seattle, WA; / Erika Jean Stromberg, Seattle, WA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/841,260 04/23/2001 ABN which claims benefit of 60/198,853 04/21/2000 and claims benefit of 60/219,752 07/20/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 04/08/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input checked="" type="checkbox"/> Allowance Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 8
		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> 00500				
<b>TITLE</b> Compounds and methods for treatment and diagnosis of chlamydial infection				
<b>FILING FEE RECEIVED</b> 790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	